



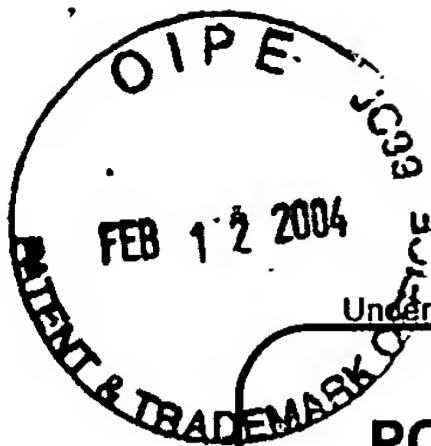
**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN
APPLICATION DATA SHEET (37 CFR 1.76)**

Title of Invention	LIGHTWEIGHT PROTECTIVE APPAREL
As the below named inventor(s), I/we declare that: This declaration is directed to: <div style="margin-left: 40px;"><input type="checkbox"/> The attached application, or <input checked="" type="checkbox"/> Application No. <u>10/635,189</u>, filed on <u>August 06, 2003</u>, <input type="checkbox"/> as amended on _____ (if applicable);</div> I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought; I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above; I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application. All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.	

FULL NAME OF INVENTOR(S)	
Inventor one:	<u>SUSAN L. LOVASIC</u>
Signature:	<u>Susan L. Lovasic</u> Citizen of: <u>US</u>
Inventor two:	<u>SURINDER MEHTA MAINI</u>
Signature:	<u>Surinder M Maini</u> Citizen of: <u>IN</u>
Inventor three:	_____
Signature:	_____ Citizen of: _____
Inventor four:	_____
Signature:	_____ Citizen of: _____

☐ Additional inventors are being named on _____ additional form(s) attached hereto.

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/81 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/635,189		
Filing Date	August 06, 2003		
First Named Inventor	Susan L. Lovasic Et. Al.		
Title	LIGHTWEIGHT PROTECTIVE APPAREL		
Art Unit	1732	Examiner Name	
Attorney Docket Number	HT3935USNA		

I hereby appoint:



Practitioners at Customer Number:

23906

OR



Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Telephone

Fax

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name

Susan L. Lovasic

Signature

Susan L. Lovasic

Date

November 19, 2003

Telephone

804-383-6091

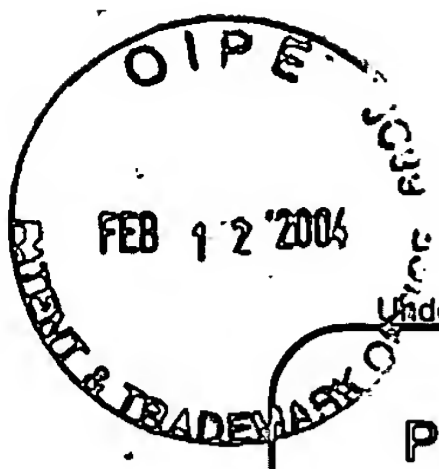
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.



*Total of _____ forms are submitted.

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☐ Practitioner(s) named below:

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<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City		State		Zip
Country				
Telephone		Fax		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Surinder M. Maini		
Signature	<i>Surinder M. Maini</i>		
Date	December 01, 2003	Telephone	91-11-26135016

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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